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For Immediate Release

Eating Disorders Coalition Urges Important Mental Health Parity Changes During Federal Agency Comment Period to Help People with Eating Disorders Receive Life-Saving Treatment Coverage

WASHINGTON, D.C. (June 25, 2018) — This past Friday, the Eating Disorders Coalition submitted [mental health parity comments](#) for an open comment period to the Department of Labor, Department of Health & Human Services, and Treasury (“The Departments”), urging strategic changes in mental health parity guidance to better assist those affected by eating disorders to receive treatment coverage. In response to 21st Century Cures requirements and a September 13, 2017 comment period, the Departments released “Proposed” documents for mental health parity on April 23, 2018, including the following documents: [Proposed FAQs Part 39](#), [Department of Labor 2018 Report to Congress: Pathway to Full Parity, FY2017 MHPAEA Enforcement Fact Sheet](#), [2018 MHPAEA Self-Compliance Tool](#), [Reviewed Draft MHPAEA Disclosure Template](#), [HHS Action Plan](#), with an opportunity for public comment by June 22, 2018.

The Eating Disorders Coalition’s comments focus on the Proposed FAQs, Self-Compliance Toolkit, and Disclosure Template, and address pending issues around exclusions for specific disease subcategories like binge-eating disorder, fail-first policies, provider reimbursement rates and network inadequacy, residential treatment coverage, disclosure, and Freedom of Information Requests, among other items.

“The 2008 bipartisan Mental Health Parity and Addiction Equity Act sought to stem the tide of insurance-coverage discrimination of those affected by serious mental illnesses like eating disorders. Unfortunately, the beneficence of the Act is too frequently undercut by plans and policies fundamentally inconsistent with mental health parity, leaving American families to make difficult financial decisions for their family’s health,” said **Eating Disorders Coalition Board Vice President Chase Bannister**. “We are certainly encouraged by the Departments’ initial steps to encourage insurance coverage for eating disorders, as the present state is untenable. We remain hopeful that the true promises of mental health parity will someday be kept to the ultimate assignees of trust—the public.”

Eating disorders, including anorexia, bulimia, and binge-eating disorder, affect 30 million Americans during their lifetime, including people of any age, gender, body size, socioeconomic status, and race.¹ Eating disorders have the highest mortality rate of any psychiatric illness², with suicide rates being 23% higher than that of the general population.³

The Eating Disorders Coalition (EDC) is a Washington, D.C.-based, federal advocacy organization comprised of treatment providers, advocacy organizations, academics, parents of children with eating disorders and people experiencing eating disorders nationwide. Additional resources can also be found at www.eatingdisorderscoalition.org. ###

¹ Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 61(3), 348-358.

² Arcelus, J., Mitchell, A. J., Wales, J., & Nielsen, S. (2011). Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies. *Archives of General Psychiatry*, 68(7), 724-731.

³ Harris, E. C. & Barraclough, B. (1997). Suicide as an outcome for mental disorders: a meta-analysis. *British Journal of Psychiatry*, 170(3), 205-228.